



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING**

June 18, 2003
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Richard Johnson, MD, Elisabeth Burns (representing Jesse Greenblatt, MD), Estelle MacPhail, RN, Eileen Corcoran, RN, Joe Mastromarino, MD, Sandra Hillsgrove, Heather Page

Guests: Donna York Clark, RN, Bill Brown, Janet Houston, Sharon Phillips, RN, Kurt Lucas

Bureau Staff: Clay Odell, EMTP, RN Will Owen, EMTP, Fred von Recklinghausen, EMTP

I. Call to Order

Item 1. The June meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:35 am on Wednesday June 18, 2003 at the Richard M. Flynn Fire Academy in Concord, NH. Introduction of all attendees was done.

II. Acceptance of Minutes

Item 1. April 23, 2003 Minutes. Motion was made by Dr. Sutton to accept the minutes of April 23, 2003 meeting as printed and distributed. Motion passed unanimously.

II. Committee Discussion Items

Item 1. NH Bureau of EMS Update: Clay Odell reported that George Patterson has accepted a position with the NH Office of Emergency Management. Dave Rivers, EMT-P has accepted the part-time Education Assistant position that George is leaving.

Sue Prentiss is working on the Rural AED grant today. On Monday Commissioner Richard Flynn, Director Richard Mason and Sue presented new AED's to representatives of 16 communities to kick off the awarding of AED's under the 2002 grant. A total of 135 AED's will be awarded this year and over the next 3 years 128 AED's per year will be awarded. The machines are intended for public access

defibrillation programs. The NHBEMS will coordinate the program in collaboration with the EMS Regions, municipalities, businesses and other entities.

Will Owen gave an overview of the EMS Protocol "Town Meeting" that was held at the NH Fire Academy on April 30, 2003.

The Bureau of EMS is very involved with the NH Department of Health and Human Services in pursuing federal funding for Hospital Bioterrorism Planning through grants from Centers for Disease Control and Prevention (CDC) and the Health Resources and Service Administration (HRSA). The CDC grant is looking at bioterrorism surveillance, with four hospitals chosen to participate in a "real-time" surveillance pilot program. Several EMS agencies will be chosen to participate in this project as well. In addition, a vaccination pilot program for EMS is under consideration. Under the HRSA proposal issues being proposed include bioterrorism "awareness" training for EMS providers; the establishment of a state "medical strike force" that will have enhanced bioterrorism training and will be available for any type of MCI or WMD event in NH; including EMS providers in a database of medical workers available address "regional surge capacity" in the event of a mass-casualty event; and planning for trauma and burn care capacity in the event that the normal trauma and burn care transfer capability is overwhelmed by a large-area incident

Item 2. Hospital Updates: Catholic Medical Center is still pursuing an interest in assignment in the NH Trauma System. The issue is currently making its way through the administration at CMC, and Rich Delier, EMS Coordinator is optimistic that administration will agree to participate.

Clay also reported that he continues to meet with hospitals to discuss the NH Trauma System. He is still working on the list of participating hospitals to get their feedback.

Item 3. Fall Trauma Conference: Clay Odell advised TMRC members that the planning committee had met and discussed topics and speakers. Potential speakers have been or will soon be contacted. The Inns at Mills Falls site has been reserved. The planning committee will be meeting with Dartmouth Medical School for physician continuing medical education hours (CME) approval. Donna Clark recommended Dr. Ken Robinson, Medical Director of Hartford LifeStar as a potential speaker.

Item 4. Air Medical Notification Project: Will Owen reported that Dispatch agencies and EMS services in the Monadnock Hospital catchment area would be participating in the pilot program beginning July 25, 2003. The Berlin area has expressed an interest in participating, and we are waiting to hear back from them. In addition Dr. Chris Fore from Concord Hospital is interested in having the Concord area participate and is discussing the issue with the services. Will is working with Fred von Recklinghausen on developing an evaluation tool.

III. Old Business

Item 1. Committee Re-appointments: Clay reminded the members of the TMRC that we are working to get everyone appointed for new terms. Please get a copy of your CV to Clay.

Item 2. System Performance Improvement Project: Fred von Recklinghausen, Research Coordinator presented preliminary data concerning the head injury study initiated at the April meeting. Fred and Michelle Baker did a great job accumulating and presenting this data (see attached). The main conclusions of this part of the study were that severely head injured patients are predominantly cared for in Level I or Level II hospitals and health care costs of head injured patients in NH are high. The TMRC wishes to refine the study by:

- Inquiring how many neurosurgical procedures are being done.
- Determining injury severity score (ISS).
- Determining initial hospital and whether the patient was subsequently transferred to another hospital.
- If so, what were the hold times?

IV. New Business

Item 1. Reverification: The NH Trauma Plan grants assignments for five-year periods. There is currently no mechanism for reverification in the NH Trauma Plan.

Sharon Phillips asked whether the American College of Surgeons had modified their criteria, particularly about neurosurgical services, since the NH Trauma Plan was adopted. Dr. Sutton replied that the criteria have not changed.

The group discussed the process of reverifying the hospitals. There was not a lot of enthusiasm about repeating full site visits with the site visit committees. Instead there was consideration of the EMS Trauma Coordinator conducting a site review with each of the hospitals. Criteria to be considered would include questions about the Trauma Performance Improvement program, personnel/credentialing issues, bypass and transfer policies, and callback response time requirements. In addition to evaluating the hospitals' compliance with the NH Trauma Plan, this process might be a good opportunity to gather input into how to deal with continuing problems in NH, such as access to neuro and orthopedic trauma specialties. Dr. Sutton and Clay Odell will begin work on this idea and report back to the TMRC at the next meeting.

There was some discussion about adding Level IV trauma hospitals into the NH Trauma Plan. The consensus was to wait on that idea for now, and concentrate on the actively participating hospitals. Clay will explore the level of interest that some of the likely Level IV hospitals have in the concept.

Item 2. Brain Trauma Foundation Program: The Brain Trauma Foundation (BTF) is a national non-profit organization that has published evidence-based, consensus-driven guideline on the treatment of severe head trauma. The initial effort was toward in-hospital treatment of brain injured patients, but was quickly followed by guidelines for the prehospital treatment of head injury. The BTF has developed an educational program to educate providers on the prehospital guidelines. NHBEMS has been approached by the BTF to determine whether NH is interested in having the BTF conduct a train-the-trainer program in NH.

Janet Houston and Clay Odell are reviewing the program. Janet expressed a concern that the hospital transport piece of the guidelines may be inconsistent with the NH Trauma Plan. Further investigation of the guidelines will be done by Janet and Clay, and they will report their findings at the August meeting.

Item 3. Out-of-compliance issues: Clay Odell requested the consensus of the TMRC on how to address individual episodes of hospital trauma care that appears to be inconsistent with typical trauma care guidelines. If Clay is alerted of such an occurrence it is not clear in the NH Trauma Plan how that particular facility should be approached. The consensus of the TMRC is that individual episodes of possible improper trauma care are a concern of the TMRC, and as such are a legitimate thing for the Trauma Coordinator to discuss with the hospital involved. The emphasis of such a discussion should be on performance improvement and not punitive action. The TMRC has expressed an interest in having the Department of Safety determine the authority of the TMRC to investigate specific instances of alleged improper care.

V. Public Comment

None

VI. Adjournment

Motion was made by Dr. Johnson to adjourn, seconded by Eileen Corcoran. Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday August 13, 2003.